

## STATEMENT OF UNDERSTANDING AGENCY ADOPTIONS PROGRAM

Relinquishing a child means permanently giving the child to the adoption agency so the agency can choose other parent(s) to adopt the child. You permanently give the child to the adoption agency by signing this Statement of Understanding and the Relinquishment Document. You will no longer have any rights as a parent to your child once these documents have been filed with and acknowledged by the California Department of Social Services.

If you are thought to be a presumed father of the child, you should be aware that under the law you have legal rights and responsibilities toward the child even if you deny paternity. You also have a right to look for legal counsel to obtain the right to physical custody of the child. If you want to be a parent to the child, there are services available to help you.

Giving your child to the adoption agency is a very important decision. You should know all the facts about it and weigh its advantages and disadvantages before you make your decision.

### Instructions To Complete The Statement Of Understanding:

### **BEFORE YOU SIGN THIS STATEMENT OF UNDERSTANDING AND THE RELINQUISHMENT DOCUMENT, READ BOTH VERY CAREFULLY WITH YOUR SOCIAL WORKER. BE SURE TO ASK QUESTIONS ABOUT ANYTHING YOU DO NOT UNDERSTAND.**

1. *Complete this Statement of Understanding only after you have carefully thought about giving your child to the adoption agency and you are sure you want your child adopted and raised by prospective adoptive parent(s) selected by the adoption agency.*
2. *Read each of the statements in this document very carefully. If you do not understand a statement, ask your social worker to explain it to you until you do understand.*
3. *If you understand and agree with a statement, put your initials in the box next to the number of that statement.*
4. *If you do not agree, or if you do not understand a statement after your social worker's explanation, do not initial the box. Ask for more help and time in making your decision.*
5. *If you have initialed all the boxes, sign your name at the end. Two witnesses must be present when you sign your name and they will sign their names after yours. (Witnesses are not necessary if this form is signed outside of California.)*
6. *You will receive a copy of this Statement of Understanding and the Relinquishment Document once it has been completed.*

***This form must be used with one of the following forms:  
AD 501, AD 501A, AD 504, AD 583 or AD 584.***

## STATEMENT OF UNDERSTANDING

### Mother or a Presumed Father of a Child Who Is Detained, a Juvenile Court Dependent in Out-of-home Care, or the Ward of a Legal Guardian

Name of Child \_\_\_\_\_ Date of Birth \_\_\_\_\_

- ☐ 1. I understand I have the right to ask the lawyer representing me in the juvenile court dependency case to help me in the relinquishment process.
- A. If my child is living with a legal guardian and I do not have an attorney appointed by the juvenile court, the adoption agency can refer me to public legal help in the community.
- ☐ 2. I understand that the agency is to tell me about its adoption plan for my child.
- ☐ 3. I understand I may talk about my plan to give up my child for adoption with other professional people, my family and friends.
- ☐ 4. I understand if I sign this Statement of Understanding and the Relinquishment Document, I shall no longer be my child's legal parent once these documents are filed with and acknowledged by the California Department of Social Services. This means:
- A. I shall no longer be responsible for the care of my child; and
- B. I shall no longer have any right to the custody, services or earnings of my child.
- ☐ 5. I understand if I do not want my child to be adopted or if I need more information about my child's status or available child welfare services, I should not sign the relinquishment document but should consult with the child welfare services social worker and my lawyer about steps to take to regain custody of my child.
- ☐ 6. I understand if I am successful in regaining custody of my child, there are other places the child welfare agency can refer me to that could help me with family, health, money and other problems.
- A. I understand if my child is living with a legal guardian and does not have a child welfare services social worker, there are places the agency can refer me to that could help me with family, health, money and other problems.
- ☐ 7. I understand by signing the relinquishment I am giving my child to the adoption agency.
- A. If I sign a relinquishment that does not name the prospective adoptive parent(s), I am giving up the right to select the prospective adoptive parent(s) and the final decision about who adopts my child will be made by the adoption agency.
- ☐ I am not naming the prospective adoptive parent(s) for my child.
- B. If I sign a relinquishment that names the prospective adoptive parent(s), I am giving my child to the adoption agency which intends to place my child with the person(s) named on the relinquishment document.
- ☐ I am naming the following person(s) as the prospective adoptive parent(s).

\_\_\_\_\_  
If my child is not placed in the home of the named person(s) or my child is removed from the home before the adoption is completed:

- (1) The agency will send me a notice by certified mail, return receipt requested, within 72 hours of the decision not to place my child for adoption or the decision to remove my child from the home. I must keep the agency informed of my address if I want to receive such a notice.

(2) I will have 30 days from the date the notice was mailed to me to either:

- a. Rescind the relinquishment. The agency will rescind the relinquishment if I deliver, or have delivered by mail or other means, a written request to rescind the relinquishment to the agency before the end of the 30-day period, or
- b. Take no action. If I take no action during the 30-day period, I will lose my right to rescind the relinquishment and the agency will select adoptive parents for my child, or
- c. Select another placement for my child. If, during the 30-day period, I select another person(s) with whom my child is to be placed, I shall rescind the initial relinquishment and complete a new relinquishment document identifying the person(s) with whom I then wish the agency to place my child.

- ☐ 8. I understand the prospective adoptive parent(s) and the birth relatives, including the birth parents, may enter into an enforceable written agreement to permit continuing contact between the birth relatives, including the birth parents, and the child if the court approves.
- ☐ 9. I understand if I am successful in regaining custody of my child, I may voluntarily place my child for an agency or an independent adoption.
- ☐ 10. I understand after my child's adoption has been granted in court, all inheritance rights from any blood relatives will end unless they have made arrangements in their will or in a trust which specifically includes my child. My child will legally inherit from his/her adoptive parent(s).
- ☐ 11. I understand if I sign this Statement of Understanding and the Relinquishment Document, I may take them back during any holding period referred to in Number 19 below or before it has been filed with and acknowledged by the California Department of Social Services.
  - A. The rights and responsibilities as my child's parent will continue unless taken away by other legal action.
  - B. My child will stay a juvenile court dependent and any terms and/or conditions from the child being a court dependent do not change.
  - C. The adoption agency will immediately notify the county welfare department.
- ☐ 12. I understand once the California Department of Social Services has filed and acknowledged my signed relinquishment it is final, and
  - A. I cannot stop the relinquishment and have my child returned to me unless the adoption agency agrees or unless the prospective adoptive parent(s) is/are named on the relinquishment and my child is not placed in the named home or my child is removed from the home before the adoption is completed.
  - B. If the adoption agency does not agree, the adoption agency will inform me in writing of the reason(s) for not returning my child.
  - C. If the adoption agency agrees to stop the relinquishment, my child will stay a juvenile court dependent and any terms and/or conditions from the child being a court dependent do not change.
    - 1. The adoption agency will immediately notify the county welfare department.
- ☐ 13. I understand the adoption agency must provide written notification to the juvenile court, the child's lawyer, and my lawyer, if any, of the relinquishment within five court days.
- ☐ 14. I understand before my child is legally adopted, the adoption agency must answer my questions about his/her situation. If I ask for information at any future time, the agency must give me all known information about the status of my child's adoption including whether my child has been placed for adoption, the approximate date the adoption was completed and if the adoption was not completed or was vacated for any reason, whether adoptive placement of my child is again being considered.
  - A. I understand I must keep the adoption agency informed of my address if I want to know when my child was placed in an adoptive home and when my child was legally adopted.

- ☐ 15. I understand after my child has been legally adopted, the adoption agency may not return my child to me.
- ☐ 16. I understand the adoption agency may release identifying information from the adoption case record only when:
- A. It has been requested by certain agencies as named in law because the information is needed to help my child;
  - B. My child, when he/she is an adult, and I have signed forms agreeing to the release of identifying information so contact may be arranged;
  - C. My child has reached 21 years of age, asks for my identity and I have agreed in writing to the release of my identity and most current address in the adoption agency's record;
  - D. My child has reached 21 years of age and has indicated in writing I can have his/her adopted name and most current address as indicated in the adoption agency's record and I have asked for this information; or
  - E. My child is under 21 years of age and the adoption agency has found the release of my identity and most current address as indicated in the agency's record is justified according to law.
- ☐ 17. I understand the court may, after considering a request, release identifying information from the court's adoption file.
- ☐ 18. I understand if I believe I was deliberately not told the truth about giving up my child for adoption, I have three years after the date the adoption was completed to ask the court to set aside the adoption of my child.
- ☐ 19. I understand I have the following filing choices when I sign this Statement of Understanding and Relinquishment Document:
- A. I may choose to have the adoption agency file my relinquishment form immediately; or
  - B. I may choose to have the adoption agency hold the relinquishment form for up to 30 days so I can think about my decision. I understand my child will not be placed for adoption during any holding period; or
  - C. I may agree with the adoption agency to hold the relinquishment form for more than 30 days if my child must be freed for adoption from any other parent(s). I understand my child will not be placed for adoption during any holding period.

**Put a check mark in front of the one statement that says what filing choice you want.**

- ☐ I want the relinquishment form filed immediately.
- ☐ I want the relinquishment form held for \_\_\_\_\_ days until \_\_\_\_\_ .
- ☐ I agree to have the relinquishment form held until my child has been freed for adoption from any other parent(s).

☐ 20. **Mark the boxes of the statements that apply to you.**

- ☐ A. ☐ I reside in California;
- ☐ I am in California but reside in \_\_\_\_\_ (Approved ICPC 100A is attached); or (NAME OF STATE)

I have had at least two face-to-face interviews with a social worker from the adoption agency on two different days. At the first interview, the adoption agency gave me sample copies of this Statement of Understanding and the Relinquishment Document. The agency may accept my relinquishment at the second or later interview.

The date of my first interview was: \_\_\_\_\_ .

The date of my most recent interview was: \_\_\_\_\_ .

- ☐ B. I reside outside of California and I do not have physical custody of the above named child. I am relinquishing the above named child under California Family Code Section 8700 (c)

(If the non-custodial parent is relinquishing the child under California Family Code Section 8700 (c) and resides outside of California, the agency is only required to attempt to provide services per California Code of Regulations, Title 22 Section 35129 (b).)

- ☐ I have received services from the adoption agency (example - telephone interview). The date my services were provided: \_\_\_\_\_

- ☐ I have not received services from the adoption agency.

- ☐ 21. I have carefully thought about the reasons for keeping or giving up my child for adoption. I have discussed the adoption plan of my child with the adoption agency, and I have decided giving my child to the agency for adoption is in the best interest of my child. I have read and understand this Statement of Understanding and the Relinquishment Document. I do not need any more help or time to make my decision. I have decided to relinquish my child permanently to \_\_\_\_\_ (NAME OF AGENCY) for adoption.

- ☐ I have named the prospective adoptive parent(s).

- ☐ I have not named the prospective adoptive parent(s).

I, \_\_\_\_\_, mother/father of \_\_\_\_\_  
(NAME OF PARENT) (NAME OF CHILD)

understand and agree to the statements I have initialed above and I am signing this freely and willingly.

\_\_\_\_\_  
(DATE) (SIGNATURE OF PARENT)

**Complete SECTION A if signed in California  
SECTION A:**

I, \_\_\_\_\_, an authorized official of  
(NAME AND TITLE)  
\_\_\_\_\_, accept this Statement of  
(NAME OF AGENCY)  
Understanding of \_\_\_\_\_.  
(RELINQUISHING PARENT'S NAME)

\_\_\_\_\_  
(DATE) (SIGNATURE OF AUTHORIZED OFFICIAL)

The foregoing Statement of Understanding was signed on:

\_\_\_\_\_ by \_\_\_\_\_ in the presence of:  
(DATE) (RELINQUISHING PARENT'S NAME)

\_\_\_\_\_  
(DATE) (WITNESS NAME) (WITNESS SIGNATURE)

\_\_\_\_\_  
(DATE) (WITNESS NAME) (WITNESS SIGNATURE)

**Complete SECTION B if signed out of California**

**SECTION B:**

**STATE OF** \_\_\_\_\_ )  
\_\_\_\_\_)  
**COUNTY OF** \_\_\_\_\_ )

On \_\_\_\_\_ before me, \_\_\_\_\_, Notary Public,  
personally appeared \_\_\_\_\_ personally known to me (or proved to me on  
(NAME OF RELINQUISHING PARENT)

the basis of satisfactory evidence) to be the person whose name is subscribed to the within instrument and  
acknowledged to me that he/she executed the same in his/her authorized capacity, and that by his/her signature on the  
instrument the person, or the entity upon behalf of which the person acted, executed the instrument.

WITNESS my hand and official seal.

\_\_\_\_\_(Seal)  
Signature